

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024057

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3623

Registrar's No.

197

FILED JUL 15 1963

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Clinton

Length of stay in 1b

28 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

224 N. Wash. St. His home

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Clinton

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

224 N. Washington

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

AMBROSE

BIRTRUS

CHRISMAN

4. DATE OF DEATH

Month

Day

Year

July 11, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/17/1880

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months 4 Days 24

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Bldg. Contractor

10b. KIND OF BUSINESS OR INDUSTRY

Nebraska

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Henry Chrisman

13b. MOTHER'S MAIDEN NAME

Pauline Budenberg

14. NAME OF HUSBAND OR WIFE

Josephine Chrisman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) Yes

(If yes, give war or dates of service) Spanish American

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

Mrs. A. B. Chrisman, 224 N. Wash. St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

Acute Myocardial infarction

Interval between onset and death

10 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Myocarditis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

None

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

10/3/46

to

7/11/63

and last saw him alive on

7/5/63

Death occurred at

4

A

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S. B. Hughes

MO

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

7/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 13, 1963

23c. NAME OF CEMETERY OR CREMATORY

Englewood Cemetery

23d. LOCATION (City, town, or county)

Clinton, Missouri

(State)

24. FUNERAL DIRECTOR

Vansant Funeral Home, Clinton, Mo.

25. DATE RECD. BY LOCAL REG.

July 12-1963

26. REGISTRAR'S SIGNATURE

Mildred Begum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

10425

20425

3

4 0

5 1

6

7 1

8 2

9 420.1

10

11

12 90-0

13 1-1

STANDARD-ONE

JUL 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. A. Van Sant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

28-40
28-40

0 - 1 - 8

0 - 6

Permit Obtained 7-12-63

(M.B.)